Highlights from the Current Issue: September 2018

John H. Krouse, MD, PhD, MBA

Welcome to fall! I hope that all of our readers had a fantastic, rewarding, and reinvigorating summer. School is back in session, the days are growing shorter, and we are just weeks away from the annual meeting of the American Academy of Otolaryngology—Head and Neck Surgery Foundation in Atlanta. It’s an excellent time to examine some of the articles that we feature in this September issue of the journal.

In our first article, Ishai and colleagues’ examine otopathologic changes in the cochlea after head trauma without temporal bone fracture. The authors evaluated temporal bone specimens from 6 subjects with significant head trauma and assessed the morphology of the cochlea and its structures, as well as the pattern and quantification of hair cell loss. Results of their otopathologic evaluation demonstrated significant abnormalities in all 6 subjects. These findings included hair cell loss, damage to the stria vascularis, and loss of spiral ganglion cells. These findings were associated with mild to severe hearing loss in all 6 subjects. Ishai and colleagues comment on the implications of their research for further understanding temporal bone effects with head injury and suggest the need for additional research to better understand the underlying mechanisms responsible for these changes.

In our second article, Bowen and colleagues’ examine the short- and long-term effects of tricyclic antidepressants (TCAs) and gabapentin in the treatment of unexplained chronic cough (UCC). The authors examined 28 patients with UCC over a 9-month period at an academic medical center. They used the Leicester Cough Questionnaire (LCQ) as their primary outcome measure in assessing the benefits of these medications and examined both the efficacy and the development of tachyphylaxis with treatment. The authors demonstrated that patients treated with either TCAs or gabapentin demonstrated a significant reduction in cough by 2 months following onset of treatment, but in the TCA group, patients developed a waning of treatment benefit that they attributed to the development of tachyphylaxis. Patients treated with gabapentin continued to show benefit at 6 months. Based on these findings, Bowen and colleagues discuss the utility of their findings and highlight the need for future research in this area.

In our third article, Hennessey and associates’ examine the role of frozen-section pathological studies in the rapid diagnosis of acute invasive fungal rhinosinusitis (AIFRS). In this study, the authors retrospectively examined 63 positive biopsy specimens for AIFRS and assessed the diagnostic accuracy of frozen section using both traditional methods and a novel periodic acid-Schiff fungal stain, PASF-fs, developed for frozen sections. In examining the accuracy of this method, the authors noted that among these 63 positive biopsy specimens, 51 would have been detected on frozen section alone (81%) and 61 would have been detected with the addition of the novel PASF-fs stain (97%). Hennessey and colleagues note that frozen-section examination of biopsy specimens for AIFRS appears to be a useful modality for successfully diagnosing this disease and can facilitate more rapid definitive treatment for patients with AIFRS.

In the fourth article, Lees and associates’ examine the natural history in the progression of untreated vestibular schwannomas (VSs) through assessing 3-dimensional volumetric growth from serial magnetic resonance imaging (MRI). In this study, the authors followed 361 patients with sporadic VS who had at least 2 serial MRIs to follow the progression of their disease over a median follow-up of 4.1 years. Using volumetric analysis, patients demonstrated tumor growth at a median of 1.1 years, in contrast to standard linear analysis showing tumor growth at 1.8 years. They noted that VS symptoms were associated with tumor growth and included disequilibrium, facial hypoesthesia, and aural fullness. Lees and colleagues suggest that volumetric analysis provides a more sensitive indicator of tumor growth among patients with VS and note that a significant proportion of patients with VS do demonstrate tumor growth with observational management.

In our final article, Morse and associates’ examine the epidemiology, treatment trends, and survival among patients with pediatric salivary cancer. Using the National Cancer Database, the authors identified 588 children treated for salivary cancers over the period of 2004 to 2013. The authors noted that 86% of patients demonstrated parotid tumors, with mucoepidermoid carcinoma in 40% and acinar cell carcinoma in 37%. Controlling for patient characteristics, combined modality treatment with surgery and radiotherapy demonstrated improved overall survival compared with surgery alone.

1University of Texas Rio Grande Valley, Edinburg, Texas, USA

Corresponding Author:
John H. Krouse, MD, PhD, MBA, University of Texas Rio Grande Valley, 1201 W University Drive, Edinburg, TX 78539, USA.
Email: john.krouse@utrgv.edu
Overall 5-year survival in this study was 93%. Morse and colleagues note that tumor grade and type of treatment modality are associated with survival, and they discuss the implications of these findings for management of these uncommon neoplasms.

Thank you again for reading this September issue of the journal.

John H. Krouse, MD, PhD, MBA
Editor in Chief,
Otolaryngology–Head and Neck Surgery
Dean, School of Medicine,
University of Texas Rio Grande Valley
Edinburg, Texas, USA

References